

# Consumer Options to Cancel Plans, Select Different Plans, or Terminate Plans

March 7, 2014

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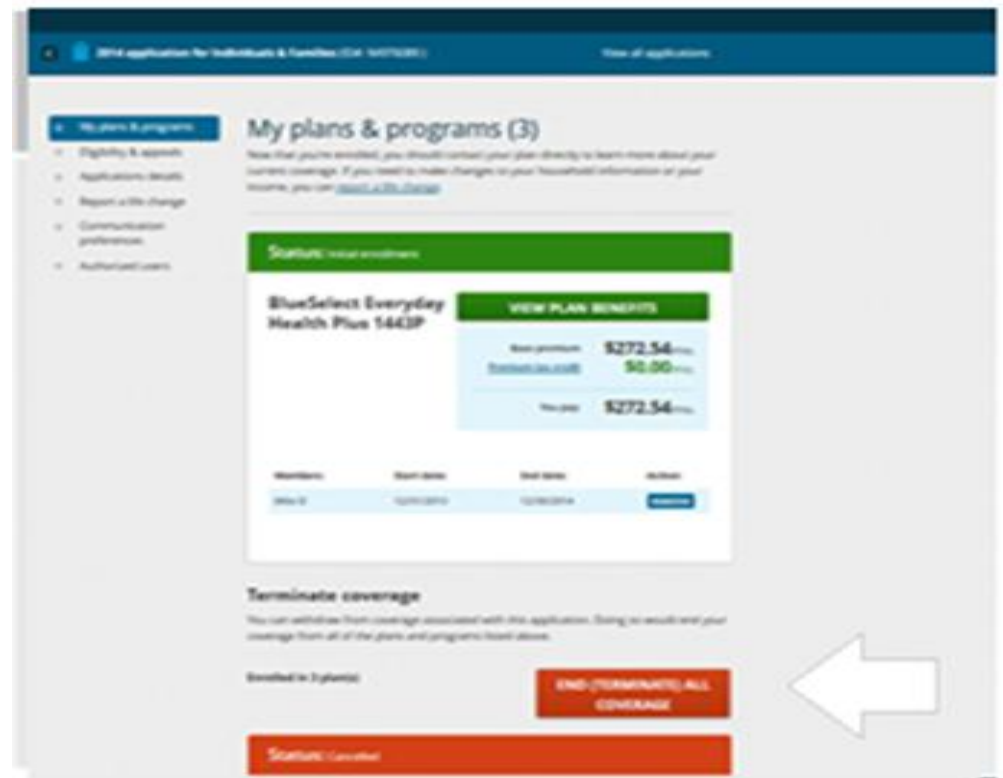


# Consumer Options

- Canceling insurance plans
- Selecting different insurance plans
- Terminating enrollment

# Canceling Plans

- Log into My Account
- Go to My Plans and Programs
- End/Terminate All Coverage
- Use cancel when no Marketplace coverage is sought



# What should consumers do to select different plans?

- Consumers who have selected plans and have not passed their coverage effective date may select different plans by logging into MyAccount.
- The consumer should first cancel current plan selection.
- To select a different plan, a consumer should end coverage in the original selection by going to “My Plans & Programs” and selecting “end coverage.” (*Note that this step will cancel both health and dental plans.*)
  - Next, go to “Eligibility & Appeals” and scroll down to the “Continue to Enrollment” button.
  - On Plan Compare, confirm a new health (and dental, if desired) plan. (*Note that the new selection may have a later start date.*)

# Have the premiums been paid during open enrollment?

Regardless of whether the premiums have been paid or not...

- Consumers who have coverage that is not past the effective date are allowed to select different plans by canceling enrollment and then re-enrolling into a different plan via [healthcare.gov](https://www.healthcare.gov).

For consumers who have paid premiums, out-of-pocket costs incurred should be credited towards the deductible and annual maximum out-of-pocket cost limit in the new plan

# Selecting Different Plans:

## After canceling coverage, go to Eligibility & Appeals

2014 application for Individuals & Families (ID#: 96839904 ) View all applications

- My plans & programs
- Eligibility & appeals**
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions

## Eligibility & appeals

### Eligibility results

[Learn more about your eligibility results](#)

Results based on your application (ID 96839904) submitted on 2014-02-23

Your application was received and has been processed.

### Your detailed eligibility results are ready

**Important:** Read your eligibility results before you enroll. We'll let you know if there are problems with your application that you'll need to resolve.

**VIEW ELIGIBILITY RESULTS**

scroll down to find "continue to enrollment" button



# Selecting Different Plans:

## Scroll down to “Continue to Enrollment” to return to Plan Compare


- The outcome of an appeal could change the eligibility of other members of your household.
- Depending on your state and your eligibility results, you may be able to file an appeal through the Marketplace or you may have to file an appeal with your state Medicaid or CHIP agency.
- [Learn more about how to appeal your Marketplace eligibility results.](#)  
You can also mail an appeal request form or your own letter filing an appeal to Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0001.

**Would you like to register to vote?** *optional*

[Click here to register to vote](#)

**After you review your eligibility results, continue to enrollment.**

**CONTINUE TO ENROLLMENT**



**to return to  
Plan Compare**

# Terminating Plans



- Consumers may voluntarily terminate their enrollment upon request for any reason. Common reasons include:
  - Obtaining other minimum essential coverage, such as Medicare, Medicaid, or job-based coverage; or
  - Qualifying for an exemption from coverage.



# How do consumers terminate enrollment through the Marketplace?

- The consumer should:
  - Log into “MyAccount” on Healthcare.gov and navigate to the “My Plans & Programs” tab;
  - Click the “End (Terminate) All Coverage” button
  - Select an effective date of termination that is 14 days from the present date or greater; and
  - Click on the red button labeled “Terminate Coverage”
  - Red Terminated Status should then appear above the plan that was terminated
- Following these steps will terminate the entire enrollment group.

# End (Terminate) All Coverage

  **2014 application for Individuals & Families (ID#: 96033346 )** [View all applications](#)

Members:	Start date:	End date:	Action:
ritika garg	01/01/2014	12/31/2014	<a href="#">REMOVE</a>

[CHANGE TO A DIFFERENT PLAN](#)

During Open Enrollment, you can change the health insurance plan for this group.

### Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 2 plan(s)

[END \(TERMINATE\) ALL COVERAGE](#)

# Terminate Coverage

Alabama


< 2014 application for Individuals & Families (ID#: 96033346) View all applications

**You've chosen to end this coverage:**

**Blue Cross and Blue Shield of Alabama Blue Saver Bronze**  
ritika garg

**Humana Insurance Company Humana Dental Smart Choice**  
ritika garg



Choose the date you want your coverage to end:

02/19/2014 

☒ I've fully read and understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I also understand that there may be a tax penalty for ending coverage early.

**KEEP COVERAGE** **TERMINATE COVERAGE**

# Status: Terminated

  2014 application for Individuals & Families (ID#: 96033346 ) View all applications

**Status:** Terminated


**Blue Saver Bronze**  
**46944AL0460001**  
**Blue Cross and Blue Shield of Alabama**  
450 Riverchase Pkwy East  
Birmingham, AL 35244-2858  
**1-888-267-2955**  
<https://www.ibcbsal.com/sales/index.html>

**VIEW PLAN BENEFITS**  
You pay: **\$188.04**/mo.

**Status:** Terminated

**Humana Dental Smart Choice**  
**44580AL0380001**

**VIEW PLAN BENEFITS**  
You pay: **\$18.20**/mo.

Live Chat 

# Changing Plans after the Effective Date

- Consumers can request changes in plans, if they are eligible for special enrollment periods;
- Consumers can opt to terminate enrollment;
- Consumers also can change plans during the initial open enrollment period after the effective date of their enrollment under certain, discrete circumstances.

# Circumstances Allowing Consumers to Change Plans

This process can be used for individuals who have paid their first month's premium and whose coverage is already effective may change plans provided the change meets ALL of the following criteria:

1. Change is to another plan offered by the same issuer;
2. Change is to another plan offered at the same metal level and Cost Sharing Reduction (CSR) level, if applicable (i.e. bronze to bronze, silver to silver, 87% actuarial value (AV) silver plan variation to 87% AV silver plan variation, etc.);
3. Change is made in order to move to a plan with a more inclusive provider network or for other isolated circumstances determined by CMS; and
4. Change is being requested within the initial open enrollment period.



# Changing Plans after the Effective Date

Consumers who have **not paid** their premiums and the coverage is past the effective date during open enrollment...

- Should terminate their coverage in healthcare.gov,
- Create a new account,
- And apply again.

With this option, the issuer has cancelled the coverage since the premium has not been paid AND the coverage is past the effective date. Please note that healthcare.gov may not indicate that the issuer has cancelled the coverage.

# Changing Plans after the Effective Date

Consumers who have **paid** their premiums and the coverage is past the effective date during open enrollment are allowed to change:

- If the plans are within the metal tier, with the same cost saving reductions, and from the same issuer
- AND the change is made in order to move to a plan with a more inclusive provider network
- OR have a special enrollment period

These changes are made through the issuer.

# Changing Plans within the Same Metal Level after the Effective Date

- All out-of-pocket costs incurred by the enrollee in the initial plan should be credited towards the deductible and annual maximum out-of-pocket cost limit in the new plan.
- Because eligibility is not being re-determined for enrollees, APTC amounts will not change. Advanced CSR amounts will change as CSR amounts are QHP-specific. CMS is currently collecting information from issuers to make APTC and advanced CSR payments.

# Moving Forward

- CMS recommends that assisters provide the following information to consumers:
  - Call the Marketplace Call Center at 1-800-318-2596. If the issue is not resolved immediately, the Call Center representative will follow a process to track and resolve the problem; and
  - Contact the insurance companies.

# Questions

